

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>M G</i>	<i>11</i>	<i>5/2/80</i>
O.I.P.E. CLASSIFIER	<i>PH</i>	<i>4</i>	<i>5/5</i>
FORMALITY REVIEW	<i>2</i>	<i>75353</i>	<i>7-10-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	<i>9/17/83</i>
2	✓	✓	<i>3/28/84</i>
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	<i>9/17/83</i>
52	✓	✓	<i>3/28/84</i>
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Claim	Final	Original	Date
101	✓	✓	
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106	✓	✓	
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142	✓	✓	
143	✓	✓	
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)